

06/07/01



jc893 U.S. PTO

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents</b> <b>Box Reissue</b> <b>Washington, DC 20231</b>	<b>Attorney Docket No.</b>	
	<b>First Named Inventor</b>	Weingardt
	<b>Original Patent Number</b>	5,909,875
	<b>Original Patent Issue Date</b> (Month/Day/Year)	6/8/99
	<b>Express Mail Label No.</b>	EL 894893995US

**APPLICATION FOR REISSUE OF:** ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**  
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbonded Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Power of Attorney	15. <input type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: .....
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	..... .....

## 18. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Jeffrey Weiss	Registration No. (Attorney/Agent)	45,207
Signature		Date	06-07-2001

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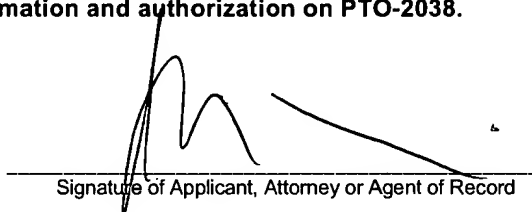
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 13	Total Claims (37 CFR 1.16(j))	(B) 13	**** 0 =	x \$ 9 =	0	or	x \$ ____ =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ 40 =	0		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 355		\$ ____	
Total Filing Fee					\$ 355	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>23-0830</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>355</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>6/7/01</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;">   <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Jeffrey Weiss</p> <p>Typed or printed name</p> </div> </div>								

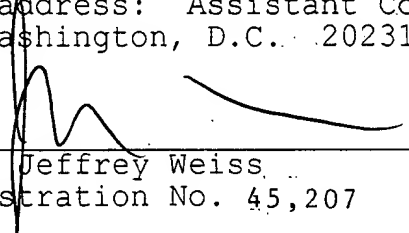
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Date June 7, 2001

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\_\_\_\_\_  
Jeffrey Weiss  
Registration No. 45,207

APPLICANT: WEINGARDT, GARY  
APPLICATION TITLE: KENO GAME  
U.S. SERIAL NUMBER: 5,909,875  
FILING DATE: June 8, 1999

TYPE OF INFORMATION ENCLOSED

- ☒ CHECK NUMBER 1616 FOR \$ 355.00  
☐ DRAWINGS (\_\_\_\_ Sheet(s) Enclosed)  
☐ NEW PATENT APPLICATION  
☐ PCT PATENT APPLICATION  
☒ OTHER: REISSUE Application